

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/593,390-Conf. #8873
		Filing Date	September 19, 2006
		First Named Inventor	Stefan Hansch
		Art Unit	3612
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	126	Attorney Docket Number	H0075.70116US00

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Notification of Missing Requirements Declaration Return Receipt Postcard
<div style="border: 1px solid black; padding: 5px; min-height: 40px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WOLF, GREENFIELD & SACKS, P.C.		
Signature	<i>William R. McClellan</i>		
Printed name	William R. McClellan		
Date	July 17, 2007	Reg. No.	29,409

Certificate of Mailing Under 37 CFR 1.8(a)	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: July 17, 2007	Signature: <i>Doris A. Champagne</i> (Doris A. Champagne)

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/593,390-Conf. #8873	
		Filing Date	September 19, 2006	
		First Named Inventor	Stefan Hansch	
		Examiner Name	Not Yet Assigned	
		Art Unit	3612	
TOTAL AMOUNT OF PAYMENT	(\$)	250.00	Attorney Docket No.	H0075.70116US00

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account            Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield &amp; Sacks, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
_____ - = _____ x _____ = _____			<b>Fee (\$)</b> <b>Fee Paid (\$)</b>				
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>				
_____ - = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 = _____		/50 = _____ (round up to a whole number) x _____ = _____					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):			1251 Extension for response within first month		120.00		
			1051 Surcharge-Late oath or declaration		130.00		

<b>SUBMITTED BY</b>			
Signature	<u>William R. McClellan</u>	Registration No. (Attorney/Agent)	29,409
Name (Print/Type)	William R. McClellan	Telephone	(617) 646-8000
		Date	July 17, 2007

Certificate of Mailing Under 37 CFR 1.8(a)	
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Dated: July 17, 2007	Signature: <u>Doris A. Champagne</u> (Doris A. Champagne)

Docket No.: H0075.70116US00  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Stefan Hansch et al.  
Serial No.: 10/593,390  
Confirmation No.: 8873  
Filed: September 19, 2006  
For: METHOD AND DEVICE FOR THE PRODUCTION OF A SPLIT  
BEARING ARRANGEMENT  
Examiner: Not Yet Assigned  
Art Unit: 3612

**Certificate of Mailing Under 37 CFR 1.8(a)**

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Dated: July 17, 2007

  
Doris A. Champagne

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION**

Mail Stop Missing Parts  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed April 24, 2007, Applicant respectfully submits a Declaration, a Petition for Extension of Time, a Preliminary Amendment, an Information Disclosure Statement, an Information Disclosure Citation (PTO SB/08), and Part 2 Copy of Notice.

Our check in the amount of \$250.00 covering the fees set forth in 37 CFR 1.17(a)(1) and 1.16(f) is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in

this application by this firm) to our Deposit Account No. 23/2825, under Docket No. H0075.70116US00. A duplicate copy of this paper is enclosed.

Dated: July 17, 2007

Respectfully submitted,

By William R. McClellan

William R. McClellan

Registration No.: 29,409

WOLF, GREENFIELD & SACKS, P.C.

Federal Reserve Plaza

600 Atlantic Avenue

Boston, Massachusetts 02210-2206

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